

Application for Fire Training

Louisville Metro Air Pollution Control District

Subject to Regulation 1.11, § 2.1.6

Please fax or mail application to APCD at least 5 working days prior to burn. District approval will be faxed or mailed to applicant.

(For multiple dates please attach additional sheet.)

| Date of Application: | Date of Event: | Rain Date: | |
|---|---|--|--|
| Start Time of Burn: | ampm | End Time of Burn: | ampm |
| Type of Burn: Building Contain | erOther Explain: | | |
| Name of Applicant: | | Name of Organization: | |
| Applicant Address: | | Location of Fire Training (Address): | |
| City State | Zip | City | State Zip |
| Phone Number of Applicant: | | Fax Number: | |
| Phone Number at Location: | | Additional Information: _ | |
| materials removed prior to Please include a copy of s 2. Fires shall be constantly a 3. Appropriate equipment an 4. If it is an "Air Quality A Call 574-3319 to verify A | craining purposes must have and burning. All Federal, State a curvey with this application. Ittended by a competent personal water supply must be readily | nd Local regulations must be n until fire is extinguished. y available for use. r the winds exceed 15 mph, arning. | ave all asbestos and asphalt roofing adhered to when handling asbestos. The burn may not take place. Site of the burn or a Notice of |
| I agree to follow the requirement | ts listed above | Signature of Appl | icant |
| Staff:Air Pollution Con | Title | : | Phone#: |
| | | | |
| Special Instructions for Applicar | ıt: | | |

Approved Denied

Faxed to applicant on _______(date)

Mailed to applicant on _______(date)

Faxed to fire dept. on _______(date)

Mailed to fire dept. on _______(date)

Air Pollution Control District 850 Barret Avenue Louisville, KY 40204 Phone: 574-6000 Fax: 574-5607